

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25	1					
26		1				
27		2				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	19					
TOTAL DEP.	136					
TOTAL CLAIMS	155					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69		0				
70		1				
71		1				
72		2				
73		2				
74	1					
75		1				
76		1				
77	1					
78		1				
79		1				
80		0				
81		0				
82		0				
83		0				
84	1					
85	1					
86	1					
87	1					
88		2				
89		0				
90		0				
91		0				
92		0				
93		0				
94		0				
95		0				
96		0				
97	1					
98		0				
99		0				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						